

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	66					
TOTAL DEP.	59					
TOTAL CLAIMS	45	R	S	T	U	V

SERIAL NO.	FILING DATE	
10/05/291		
APPLICANT'S		
CLAIMS	*	*
	IND.	DEP.
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TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		